



House of Representatives

General Assembly

File No. 203

January Session, 2005

Substitute House Bill No. 6631

House of Representatives, April 6, 2005

The Committee on Public Health reported through REP. SAYERS of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CHILDHOOD OBESITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2005*) (a) Not later than January 1,
2 2006, the Commissioners of Insurance and Public Health shall make
3 available to the public information that identifies health insurance
4 policies issued pursuant to chapter 700c of the general statutes that
5 provide insurance policy benefits that promote the prevention of
6 obesity. Such information shall be updated regularly and shall be
7 available to the public on the web sites of the Insurance Department
8 and the Department of Public Health and through printed materials.

9 (b) Not later than January 1, 2006, the Commissioners of Insurance
10 and Public Health shall jointly submit a recommendation, in
11 accordance with section 11-4a of the general statutes, to the joint
12 standing committee of the General Assembly having cognizance of
13 matters relating to public health and to the select committee of the
14 General Assembly having cognizance of matters relating to children,

15 regarding how health insurance coverage may promote prevention of
16 obesity.

17 Sec. 2. (NEW) (*Effective July 1, 2005*) There shall be a State Childhood
18 Obesity Prevention Council consisting of the following members: (1)
19 The Secretary of the Office of Policy and Management, or the
20 secretary's designee, (2) the Commissioners of Agriculture, Education,
21 Insurance, Public Health and Social Services, or their designees, (3) the
22 cochairpersons of the Food Security Council, or their designees, (4) the
23 executive director of the Commission on Children, (5) two members
24 appointed by the speaker of the House of Representatives, one of
25 whom is a pediatrician and one of whom is a representative from a
26 nonprofit organization concerned with childhood hunger and obesity,
27 two members appointed by the minority leader of the House of
28 Representatives, one of whom is a director of food services for a school
29 system and who is not an employee of a food vendor and one of whom
30 is a representative of a university based program concerned with
31 obesity prevention, two members appointed by the president pro
32 tempore of the Senate, one of whom is a an expert in public health
33 education and outreach and one of whom is a public school physical
34 education teacher, one appointed by the minority leader of the Senate,
35 who is a public school nurse, and (6) two members appointed by the
36 Governor pursuant to section 4-1 of the general statutes one of whom
37 is an elected municipal chief official and one of whom is a youth under
38 the age of eighteen who has taken a leadership role in obesity
39 prevention issues. The Governor shall appoint a chairperson of the
40 council. All appointed members shall serve at the pleasure of their
41 appointing authority, but no longer than two years from the date of
42 their first appointment, unless reappointed to the council. The
43 Commissioners of Education and Public Health shall provide
44 administrative support to the council. The council shall develop a plan,
45 to begin from the effective date of this section, to reduce obesity
46 related health complications in children.

47 Sec. 3. (NEW) (*Effective July 1, 2005*) (a) The plan developed
48 pursuant to section 2 of this act shall: (1) Identify existing and

49 necessary resources that address childhood obesity in the state, (2)
50 document and review anonymous group data on childhood obesity
51 state-wide and as related to HUSKY plan participants, including, but
52 not limited to, data related to the body mass index of children in the
53 state, (3) develop a state nutrition policy, (4) develop a public
54 education and outreach campaign concerning issues related to
55 childhood obesity, (5) develop and recommend a childhood obesity
56 reduction policies and initiatives for municipalities, schools, businesses
57 and philanthropic organizations, (6) coordinate ongoing evidenced-
58 based literature review through (A) identification of obesity prevalence
59 surveillance data and morbidity, and (B) summarization and updating
60 evidence-based best practices for the prevention and treatment of
61 childhood obesity, (7) identify and evaluate childhood obesity
62 reduction interventions, through literature, academic and nonprofit
63 organization review, (8) review the effectiveness of childhood obesity
64 pilot projects in the state and in other states, (9) in consultation with
65 the Commissioner of Transportation, develop and recommend
66 guidelines for municipalities to encourage local planning and zoning
67 that supports active lifestyles and encourages safe pedestrian and
68 bicycle routes, recreation and exercise, (10) in consultation with the
69 Commissioners of Education and Higher Education and the executive
70 director of the Connecticut Dietetic Association, develop a continuing
71 education program to improve nutrition and health education in
72 schools, and (11) make recommendations to state agencies regarding
73 physical activity plans and the awarding of grants to finance public
74 facilities that facilitate such plans.

75 (b) The council shall coordinate and serve as a central resource for
76 information regarding childhood obesity prevention policies and
77 initiatives in the state. The council may accept private and public
78 funding sources to implement the plan and provisions of this section.

79 (c) The council shall convene a student advisory subcommittee, in
80 consultation with the executive director of the Commission on
81 Children, to promote youth leadership and devise and implement
82 strategies to reduce obesity related health complications in children.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 06 \$	FY 07 \$
Insurance Dept.	IF - Cost	91,160	91,160
Departments of Public Health and Education	GF - Cost	175,000 - 225,000	See Below
Departments of Agriculture, Higher Education, Transportation, Social Services; Office of Policy and Management; Commission on Children	GF - Cost	None	None

Note: IF=Insurance Fund; GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 06 \$	FY 07 \$
Various Municipalities	Cost	Potential Minimal	See Below

Explanation

This bill establishes certain responsibilities for the Departments of Public Health (DPH) and Insurance regarding health insurance benefits for obesity prevention, creates a State Childhood Obesity Prevention Council and requires the Council to submit a comprehensive plan to reduce obesity related health complications in children. Fiscal impacts are discussed below.

Health Insurance Benefits for Obesity Prevention

Currently, health insurance filings to the Department of Insurance (DOI) do not supply the data needed to implement the provisions of Section 1 of the bill. In FY 06 and FY 07, the DOI would incur costs of approximately \$86,460 (including fringe benefits) for an additional Examiner in order to create the list of health insurers that offer benefits that promote obesity prevention. The department would also incur

approximately \$4,700 in FY 06 and FY 07 in Other Expenses and Equipment costs for printing equipment and supplies.

It is anticipated that the DPH will be able to incorporate material compiled by DOI on its web site and consult on the development of recommendations regarding how health insurance may promote obesity prevention within its normally budgeted resources.

State Childhood Obesity Prevention Council

The Departments of Public Health and/or Education will incur one-time costs of \$150,000 - \$200,000 in FY 06 to retain consultant services needed to support a newly created State Childhood Obesity Prevention Council and facilitate the development of the required plan to reduce childhood obesity related health complications by January 1, 2006. While the bill authorizes the Council to accept private and public funding sources to implement the plan and other provisions of Section 3, no such funding sources are identified at this time.

The planning effort would encompass: compiling an inventory of existing and needed resources to address childhood obesity in Connecticut; documentation and review of data on childhood obesity and body mass index of children in the state; development of a state nutrition policy; development of a public education and outreach campaign; development of childhood obesity reduction policies and initiatives for municipalities, schools, businesses and philanthropic organizations; coordination of an ongoing literature review; evaluation of childhood obesity reduction interventions; reviewing the effectiveness of childhood obesity pilot projects in Connecticut and other states; development of guidelines for municipalities to encourage active lifestyles and safe pedestrian and bicycle routes, recreation and exercise; development of a continuing education program to improve nutrition and health education; and making recommendations to state agencies on physical activity plans and awarding of grants.

Additional costs would include \$15,000 for a Connecticut specific Behavioral Risk Factor Surveillance survey on childhood obesity and

related health risks, and \$10,000 for educational materials, mailings and other expenses of the Council.

It is anticipated that representatives of the Departments of Agriculture, Insurance, and Social Services; as well as the Office of Policy and Management and the Executive Director of the Commission on Children can participate in the activities of the Council within each agency's respective anticipated budgetary resources. Similarly, the Commissioners of Higher Education and Transportation will be able to consult with the Council without requiring additional resources.

The Council's members must include one director of food services for a school system, one public school physical education teacher, and one public school nurse. If meetings were held during the school year and during school hours, there would be a minimal cost to the local education agency (LEA) from which the member(s) came. This would be associated with the cost of substitute personnel. Substitute personnel expenses are normally part of an LEA's budget and therefore no costs beyond those budgeted would occur.

Additionally, the Council's membership must include one municipal elected chief official. This may result in minimal local costs to reimburse travel or other expenses resulting from attendance at meetings or other functions.

It is anticipated that the Commission on Children can consult regarding the convening of a student advisory subcommittee within its normal budgetary resources.

Ongoing costs to the state and affected municipalities would depend upon the scope of the work undertaken by the Council post January 1, 2006, which cannot be determined in advance.

OLR Bill Analysis

sHB 6631

AN ACT CONCERNING CHILDHOOD OBESITY**SUMMARY:**

This bill creates the 18-member Obesity Prevention Council, made up of public officials and experts in the fields of nutrition and child health. The council must develop a plan to reduce obesity-related health complications in children.

The bill also requires the Insurance and Public Health commissioners, by January 1, 2006, to (1) create a list of health insurers that offer benefits that promote obesity prevention and (2) submit a joint recommendation to the Public Health and Children's committees on how health insurance coverage can promote obesity prevention. The commissioners must update the list regularly and provide public access on their websites and through printed materials.

EFFECTIVE DATE: October 1, 2006

PREVENTION COUNCIL DUTIES (§ 3)

The council serves as the state's central information resource for childhood obesity prevention policies and initiatives. It must develop the plan and submit it to the Education, Human Services, Public Health, and Children's committees by January 1, 2006. In addition to recommendations for legislation and funding needed to implement it, the plan must include provisions for:

1. identifying existing and needed resources to address childhood obesity;
2. documenting and reviewing anonymous statewide group data and data from HUSKY plan participants concerning childhood obesity, including body mass indexes;
3. establishing a state nutrition policy and a public education and outreach campaign addressing childhood obesity;

4. recommending childhood obesity reduction policies for towns, schools, businesses, and philanthropic organizations;
5. ongoing evidence-based literature reviews documenting the prevalence of obesity and obesity-related illness;
6. identifying and evaluating obesity reduction approaches for children through evidence-based literature and academic and nonprofit organization reviews;
7. reviewing the effectiveness of childhood obesity pilot programs in Connecticut and other states;
8. consulting with the transportation commissioner and developing guidelines for towns to encourage planning and zoning that supports active lifestyles and safe pedestrian and bicycle routes, recreation, and exercise;
9. consulting with the education and higher education commissioners and the Connecticut Dietetic Association's executive director and developing a continuing education program to improve nutrition and health education in schools; and
10. making recommendations to state agencies for physical activity plans and grants to finance public facilities that want to establish them.

The council, in consultation with the Children's Commission's executive director, must also convene a student advisory subcommittee. The subcommittee's purpose is to promote youth leadership and devise and implement strategies to reduce obesity related health complications in children.

The council may accept private and public money to carry out its functions.

PREVENTION COUNCIL MEMBERS (§ 2)

The council's composition and appointing authorities are as follows:

MEMBER	APPOINTING AUTHORITY
OPM secretary, or designee	N/A
agriculture, education, insurance, public health, and social services commissioners, or their designees	N/A
Food Security Council (officially named the "Connecticut Food Policy Council") co-chairs, or their designees	N/A
Commission on Children's executive director	N/A
Pediatrician	House Speaker
Representative from a nonprofit organization concerned with childhood hunger and obesity	House Speaker
School system food director (cannot be employed by a food vendor)	House Minority Leader
Representative from a university-based obesity prevention program	House Minority Leader
Public health education and outreach expert	Senate President pro tempore
Public school phys. ed. teacher	Senate President Pro Tempore
Public school nurse	Senate Minority Leader
Elected municipal chief official	Governor
Youth under age 18 who has taken a leadership role in obesity prevention	Governor

The governor selects the council's chairman. Appointed members serve terms of up to two years at the pleasure of their appointing authority. They may be reappointed.

The council receives administrative support from the Education and Public Health commissioners.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference

Yea 8 Nay 2

Public Health Committee

Joint Favorable Report

Yea 22 Nay 1